

3-31-11
ms

AO 435 (Rev. 03/08)		Administrative Office of the United States Courts		FOR COURT USE ONLY	
TRANSCRIPT ORDER				DUE DATE:	
Please Read Instructions:					
1. NAME Jose Francisco		2. PHONE NUMBER (305) 242-0770		3. DATE 3/29/2011	
4. MAILING ADDRESS 9100 South Dadeland Blvd, Suite # 1500		5. CITY Miami		6. STATE FL	7. ZIP CODE 33156
8. CASE NUMBER 3:08-cr-02537-F-1	9. JUDGE	DATES OF PROCEEDINGS			
		10. FROM 8/19/2009		11. TO 8/19/2009	
12. CASE NAME US v. Alejandro Mendoza-Lucio		LOCATION OF PROCEEDINGS			
		13. CITY El Paso		14. STATE Texas	
15. ORDER FOR					
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input checked="" type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY	
		<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input type="checkbox"/> OTHER (Specify)	
<input checked="" type="checkbox"/> SENTENCING		08/19/2009			
<input type="checkbox"/> BAIL HEARING					
17. ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	4 @ 3.65	14.60
14-Day	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES 1		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	14.60 0.00
18. SIGNATURE Jose Francisco				PROCESSED BY Nalene Benavides	
19. DATE				PHONE NUMBER 915. 834. 0563	
TRANSCRIPT TO BE PREPARED BY Nalene Benavides 525 Magoffin, Rm 437 El Paso, Texas 79901				COURT ADDRESS Nalene Benavides 525 Magoffin, Rm 437 El Paso, Texas 79901	
ORDER RECEIVED DATE 3-29-11 BY NB					
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED 3-29-11 J.F.				TOTAL CHARGES 0.00	
TRANSCRIPT RECEIVED				LESS DEPOSIT 0.00	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT				TOTAL DUE 0.00	

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